



2815 #  
C.C.

Attorney Docket No.: 01CON312P

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: U'Ren, et al.

SERIAL NO.: 10/066,871 FILED: February 4, 2002

FOR: Band Gap Compensated HBT

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$410.00
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 410.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	21	MINUS **21	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 410.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

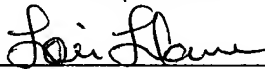
Date: 8/12/03

By:   
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

8/12/03



Signature

Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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#8 EOT/Amot.A  
Attorney Docket No.: 01CON312P  
8/22/03  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

U'Ren, et al.

Serial No.: 10/066,871

Filed: February 4, 2002

For: Band Gap Compensated HBT

Art Unit: 2815

Examiner: Nguyen, Joseph H.

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AUG 19 2003  
TECHNOLOGY CENTER 2800

AMENDMENT AND RESPONSE TO OFFICE ACTION

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Office Action dated April 1, 2003 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

08/18/2003 RHEBRAHT 00000116 10066871

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410.00 OP